Entry Blank—Please Type or Print PANIEL COOGAN (last name last) 750 Hampshine #11 Cleve. Hts. ☐ Ms./Artist Mr./Artist Permanent Address City Daytime Tel. (216) 431-2400 44106 Zip Temporary or Studio Address Street City Daytime Tel. (Zip area If you do not presently live in one of the counties of the Western Reserve, in which county were you born? Collaborator (if any) If May Show entries are not accepted or are not sold: Artist will pick up at Museum. Museum should dispose of. ☐ Museum should ship to artist at artist's expense: Street City State Zip **Special Instructions** Entry Blank must be completed in full and signed; forms received unsigned will not be accepted. When necessary, include instructions or a drawing for assembling and displaying an object. Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until August 6, 1989. The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein. Signature I have received the unsold/unaccepted object(s) in good condition.

Signature

IN THIS SECTION

NOT ACCEPTED

NOT ACCEPTED